Ten Common Issues and Errors in Ratings

Presented by
Joe Carranza, Annalisa Becker, Barry Kinght
Disability Evaluation Unit

1

#1 Incorrect Use of Spine Method

DRE vs. ROM

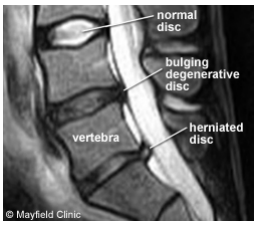
When ROM Method is used

- Multi-level or bilateral radiculopathy
- Multi-level fracture
- Multi-level fusion
- Recurrent radiculopathy

2

Which Method?

- MRI Bulging discs L3-L4, L4-5, L5-S1
- No radicular symptoms
- DRE or ROM?



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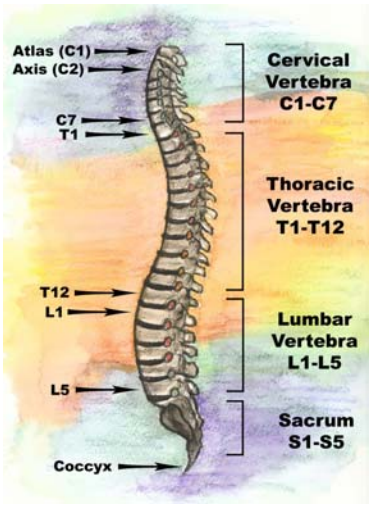
When Both Methods Applicable

- Multi-level or bi-lateral radiculopathy in Cervical or thoracic spine
- Multi-level fusion (Example 15-11)
- Rate higher of two methods when both applicable

4

ROM Method in Multiple regions

- Use ROM Method once
- Other regions DRE method



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DEU Approach

- Rate method provided by physician
- Annotate applicability of other method
- Almaraz/Guzman exception

6

#2 Excluding Spinal Nerve Deficit

Three Components of Spine ROM method

- Diagnosis
- ROM
- Spinal nerve deficit

7

Spinal Nerve Deficit Method

- Identify nerve(s)
- Determine maximum motor and sensory deficits (Tables 15-7, 15-18)
- Physician Provides nerve deficit %
- Multiply maximum value by nerve deficit %

8

Spinal Nerve Deficit Method

- Combine spinal sensory deficits
- Convert to WP and adjust to disability
- Combine spinal motor deficits
- Convert to WP and adjust to disability

9

Spinal Nerve Deficit

- Only ROM method
- Not always applicable
- If not addressed, look for sensory or motor complaints in report

10

#3 Use of Pain Add-on

- Maximum 3 WP

- AMA impairments account for common pain
- Must increase burden in excess of pain component already incorporated

11

Pain Add-On

- Physician should assign to body part
- Must be added to a ratable impairment
- Exception for headaches

-Table 18-1
- No method for rating headaches

12

DEU Approach

- 3 WP maximum for pain
- Add-on to ratable impairment only
- Exception for headaches (13.01.00.99)
- Will assign pain to body part if physician does not

13

#4 Improper Combining of Impairments

- Values are rounded off at each step
- Extremity impairments in same region are combined at extremity index
- Table 17-2 applied for LE impairments

14

Combining Example

- Left knee injury
- Knee DJD 2 mm
- Muscle strength Grade 4 flex/ext

15

Arthritis Calculation

Table 17-31 Arthritis Impairments Based on Roentgenographically Determined Cartilage Intervals

	Whole Person (Lower Extremity) [Foot] Impairment (%)			
	Cartilage Interval			
Joint	**3 mm**	**2 mm**	**1 mm**	**0 mm**
Sacroiliac (3 mm)*	—	1 (2)	3 (7)	3 (7)
Hip (4 mm)	3 (7)	8 (20)	10 (25)	20 (50)
Knee (4 mm)	3 (7)	8 (20)	10 (25)	20 (50)
Patellofemoral†	—	4 (10)	6 (15)	8 (20)
Ankle (4 mm)	2 (5) [7]	6 (15) [21]	8 (20) [28]	12 (30) [43]
Subtalar (3 mm)	—	2 (5) [7]	6 (15) [21]	10 (25) [35]
Talonavicular (2-3 mm)	—	—	4 (10) [14]	8 (20) [28]
Calcaneocuboid	—	—	4 (10) [14]	8 (20) [28]
First metatarsophalangeal	—	—	2 (5) [7]	5 (12) [17]
Other metatarsophalangeal	—	—	1 (2) [3]	3 (7) [10]

16

Muscle Strength Calculation

Table 17-8 Impairment Due to Lower Extremity Muscle Weakness

		Whole Person (Lower Extremity) [Foot] Impairment (%)									
Muscle Group		Grade 0			Grade 1			Grade 2			
Hip	Flexion	6	(15)		6	(15)		6	(15)		
	Extension	15	(37)		15	(37)		15	(37)		
	Abduction*	25	(62)		25	(62)		25	(62)		
Knee	Flexion	10	(25)		10	(25)		10	(25)		
	Extension	10	(25)		10	(25)		10	(25)		
Ankle	Flexion (plantar flexion)	15	(37)	[53]	15	(37)	[53]	15	(37)	[53]	
	Extension (dorsiflexion)	10	(25)	[35]	10	(25)	[35]	10	(25)	[35]	
	Inversion	5	(12)	[17]	5	(12)	[17]	5	(12)	[17]	
	Eversion	5	(12)	[17]	5	(12)	[17]	5	(12)	[17]	
Great toe	Extension	3	(7)	[10]	3	(7)	[10]	3	(7)	[10]	
	Flexion			[17]		(12)	[17]	5	(12)	[17]	

		Grade 3			Grade 4		
Hip	Flexion	4	(10)		2	(5)	
	Extension	15	(37)		7	(17)	
	Abduction*	15	(27)		10	(25)	
Knee	Flexion	7	(17)		5	(12)	
	Extension	7	(17)		5	(12)	
Ankle	Flexion (plantar flexion)	10	(25)	[35]	7	(17)	[24]
	Extension (dorsiflexion)	10	(25)	[35]	5	(12)	[17]
	Inversion	5	(12)	[17]	2	(5)	[7]
	Eversion	5	(12)	[17]	2	(5)	[7]
Great toe	Extension	3	(7)	[10]	1	(2)	[3]
	Flexion	5	(12)	[17]	2	(5)	[7]

* Hip adduction weakness is evaluated as an obturator nerve impairment (see Table 17-37).

17

Combining Impairments (Table 17-2 Condensed)

	Gait	Atrophy	Muscle Strength	ROM	DJD	DBE
Gait		X	X	X	X	X
Atrophy	X		X	X	X	X
Muscle Strength	X	X		X	X	X
ROM	X	X	X		X	X
DJD	X	X	X	X		
DBE	X	X	X	X		

18

Combining Example

DJD 2 mm = 20 LE

Muscle Strength = 12 C 12 = 23 LE

23 x .4 = 9 WP

19

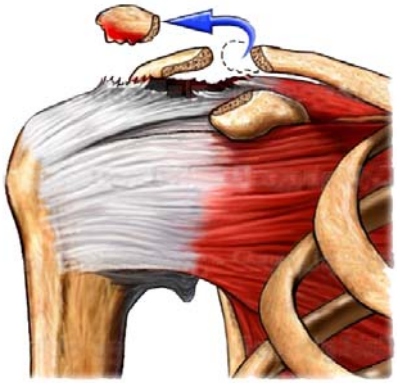
DEU Approach

- Combine impairments per PDRS 1-11
- Make corrections
- Annotate corrections
- Apply combining rules within context of Almaraz/Guzman rating

20

#5 Distal Clavicle Arthroplasty

- Table 16-27
- 10 UE
- Often excluded in physician impairment
- May be combined with strength and ROM



21

DEU Approach

- Will rate distal clavicle arthroplasty
- Annotate if physician does not include
- Combine with other shoulder impairments at UE index

22

#6 Table Impairment Corrections

- Physician provides measurements
- Any knowledgeable observer may check findings with Guides criteria
- Choice of impairment class is physician decision

23

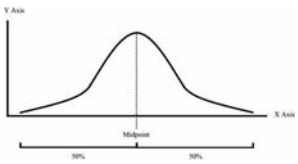
DEU Approach

- Look up table values
- Correct table impairments
- Correct math errors
- Annotate corrections

24

#7 Contralateral Motion

- Two types of normal
  - Population
  - Individual



- Opposite extremity motion **<u>may</u>** be used as baseline normal
- Opposite side must be uninjured

25

Contralateral Technique

Injured Left Shoulder
- Flexion 120 = 4
- Extension 30 = 1
- Abduction 120 = 3
- Adduction 40 = 0
- Ext rotation 50 = 1
- Int rotation 40 = 3
- Total

Right Shoulder
- Flexion 160 = 1
- Extension 40 = 1
- Abduction 160 = 1
- Adduction 30 = 1
- Ext rotation 60 = 0
- Int rotation 50 = 2

26

DEU Approach

- Physician decision to use contralateral motion
- DEU will follow physician's approach
- DEU will correct values

27

#8 Muscle Strength

Cannot be rated if maximum strength prevented by

- Decreased motion
- Pain
- Amputation

28

Muscle Strength Impairment

- Cannot be combined with other impairments unless due to different

  - Etiologic cause

  - Patho-mechanical cause

29

Key to Strength Impairment

- Ask physician
- Cause of strength loss
- Then ask if AMA Guides page 508 preclusion apply

30

DEU Approach

Do not rate strength impairment for

- Peripheral nerve injuries
- CRPS injuries
- Grip impairment for elbow and shoulder injuries

31

DEU Approach

- Otherwise DEU will rate strength impairment given by physician
- Annotate issues
- Combine manual muscle strength at UE index

32

Grip Impairment

- Table 16-34
- Normal strength-Lost strength
  Normal Strength
- Reference Table 16-34 for impairment

33

Grip Impairment

- Use Tables 16-31 and 16-32 if:

  - Bilateral injury
  - Opposite side previously injured

- No need to modify by Table 16-18

34

Grip Impairment

- Incorrectly using grip to rate carpal tunnel
- Precluded per AMA Guides pages 494 and 508
- Use Tables 16-10, 16-11 and 16-15

35

CTS Maximum Nerve Deficits

Table 16-15 Maximum Upper Extremity Impairment Due to Unilateral Sensory or Motor Deficit Deficits of the Major Peripheral Nerves

	Maximum % Upper Extremity Impairment Due to:	
Nerve	**Sensory Deficit or Pain ***	**Motor Deficit†**
Pectorals (medial and lateral)	0	5
Axillary	5	35
Dorsal scapular	0	5
Long thoracic	0	15
Medial antebrachial cutaneous	5	0
Medial brachial cutaneous	5	0
Median (above midforearm)	39	44
Median (anterior interosseous branch)	0	15
Median (below midforearm)	39	10
Radial palmar digital of thumb	7	0
Ulnar palmar digital of thumb	11	0
Radial palmar digital of index finger	5	0
Ulnar palmar digital of index finger	4	0
Radial palmar digital of middle finger	5	0
Ulnar palmar digital of middle finger	4	0
Radial palmar digital of ring finger	3	0
Musculocutaneous	5	25
Radial (upper arm with loss of triceps)	5	42
Radial (elbow with sparing of triceps)	5	35

36

Calculate Sensory Deficit

Max sensory value		Percent deficit found by doctor		Actual sensory value
39 UE	x	25%	=	10 UE

37

Calculate Motor Value

Max motor value		Percent deficit found by doctor		Actual motor value
10 UE	x	25%	=	3 UE

38

Carpal Tunnel Impairment

Combine motor and sensory impairments

Convert to WP

Adjust for disability

39

#9 Apportionment on Summary Ratings

- Physician indicates apportionment
- DEU Form 105 to judge
- Judge makes decision
- DEU rater follows judge's decision

STATE OF CALIFORNIA
Department of Industrial Relations
Division of Workers' Compensation
DISABILITY EVALUATION UNIT

Date: _____

TO: Presiding Workers' Comp. Judge, _____ (Office)

FROM: Disability Evaluation Unit, _____ (Office)

SUBJECT: DEU File:
Employee:
QME:
Date of Report:

The attached formal medical evaluation report indicates that part or all of the permanent disability may be subject to apportionment pursuant to Labor Code Section 4663 and/or Labor Code Section 4664. Please determine whether the apportionment is inconsistent with the law.

If you believe the apportionment is inconsistent with the law, you may refer the report back to the medical evaluator for correction or clarification. If you receive no response from the medical evaluator within 30 days from your request, please make your determination based on the original report.

After checking the appropriate space, sign and date the bottom of this form and return it with the medical report to the DEU office listed above.

Thank you.

The apportionment: IS CONSISTENT _____ or IS NOT CONSISTENT _____ with the law.

_____, Workers' Compensation Judge
(Signature)

_____
(Date)

NOTE: This memorandum is an administrative document and is not admissible in any judicial proceeding.

DEU Form 105 (Rev. 01/01/05)

Basis of Judicial Decision

41

Apportionment

- LC 4663
- Physician should address in medical report
- Provide percentage caused by injury
- Percentage caused by other factors

42

Apportionment

- Escobedo Case (70CCC604)
- Explain how other factor is contributing to disability
- Why the percentage chosen
- Specific to individual

43

Apportionment on Summaries

- DEU 105 decision not admissible (10162)
- Not an issue for summary reconsideration (Regulation 10164)
- Typical remedy is to go before WCAB

44

#10 Where is my Summary Rating?

What is required

- DEU 100
- DEU 101
- QME report
- Cover sheets and separator sheets

Is the DEU 100 necessary?

- Required for EAMS processing
- Every effort should be made to complete

45

Where's my Rating?

- Some offices more backlogged
- DEU does shift rating work
- Some backlogs are clerical
- Work is prioritized

46


Follow Up on DEU Annotations